

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9977</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>DANNY J DOYLE</u> P O Box Bldg Room No if any <u>1ST FLOOR</u> Street <u>451 PARK AVENUE SOUTH</u> City <u>NEW YORK</u> State <u>NEW YORK</u> ZIP Code + 4 <u>10016</u>	4 Name file number and address of labor organization Name <u>Iron Workers Local 40</u> Labor Organization File Number <u>037 089</u> P O Box Building and Room Number if any <u>1ST FLOOR</u> Street <u>451 PARK AVENUE SOUTH</u> City <u>NEW YORK</u> State <u>NEW YORK</u> ZIP Code + 4 <u>10016</u>
5 Position in labor organization <u>Business Agent</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a Nature of Interest, Transaction or Income _____  7.b Amount _____

Signature

15. Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)

Signed Daniel Doyle

On 8/12/05  
Date

212 889-1320  
Telephone Number

Name of Person Filing

DANNY DOYLE

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name

Trade Name if any

P O Box, Bldg Room No if any

Street

City

State

ZIP Code + 4

9 Business deals with

☐ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

12 b Amount.

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13.a. Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

KOCH SKANSKA

Trade Name if any

P O Box, Bldg Room No if any

Street

400 ROOSEVELT AVENUE

City

CARTERET

State

NEW JERSEY

ZIP Code + 4

07008

14 a Nature of payment.

LUNCH 11/16

14.b Amount of payment.

\$ 75

13.b. Is the Business an Employer ☒or Consultant ☐

?

Name of Person Filing

DANNY DOYLE

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name if any)

Name

Trade Name if any

P O Box, Bldg Room No. if any

Street

City

State

ZIP Code + 4

## 9 Business deals with

☐ a Labor Organization☐ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No. if any

Street

City

State

ZIP Code + 4

## 11 a Nature of such dealing

## 11.b Approximate dollar value of such dealing

## 12 a Nature of interest held or income received

## 12 b Amount

## C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

## 13.a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

TA AHERN CONTRACTORS CORP

Trade Name if any

P O Box, Bldg Room No., if any

Street

421 EAST 26<sup>th</sup> STREET

City

NEW YORK

State

NEW YORK

ZIP Code + 4

10016

## 14.a Nature of payment

CHRISTMAS LUNCH - 12/22

## 14.b Amount of payment

13.b. Is the Business an Employer



or Consultant



?

\$ 50

**File Number U**

**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from or selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

**12.b Amount.**

\$ 125-

Name of Person Filing <u>DANNY DOYLE</u>	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c. Employer
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10 If 9.b or 9.c. is checked give trust or employer's name Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11 a Nature of such dealing _____ 11 b Approximate dollar value of such dealing _____ 12 a Nature of interest held or income received _____ 12.b Amount. _____
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C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13.a. Name and address of Employer or Labor Relations Consultant (including trade name if any) Name <u>LORD ASSETT</u> Trade Name if any _____ P O Box Bldg Room No if any _____ Street <u>90 HUDSON STREET</u> City <u>JERSEY CITY</u> State <u>NEW JERSEY</u> ZIP Code + 4 <u>07302-3973</u>	14.a Nature of payment. <u>LUNCH 12/2</u> 14.b Amount of payment. <u>\$ 100 -</u>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?	

**File Number U**

**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from or selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

**12 b Amount.**

8148-

Name of Person Filing <u>DANNY DOYLE</u>	File Number U
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**B** Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p><b>8</b> Name and address of Business (including trade name if any)</p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box, Bldg Room No if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p><b>9</b> Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p><b>10</b> If 9 b or 9 c. is checked give trust or employer's name</p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box, Bldg Room No if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p><b>11 a</b> Nature of such dealing</p> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div> <p><b>11.b</b> Approximate dollar value of such dealing <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; vertical-align: middle;"></span></p> <p><b>12 a</b> Nature of interest held or income received</p> <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div> <p><b>12.b</b> Amount. <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; vertical-align: middle;"></span></p>

**C** Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p><b>13 a.</b> Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name <u>ALLIED BUILDING METAL INDUSTRIES</u></p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any <u>8<sup>th</sup> FLOOR</u></p> <p>Street <u>211 EAST 43<sup>rd</sup> STREET</u></p> <p>City <u>NEW YORK</u></p> <p>State <u>NEW YORK</u> ZIP Code + 4 <u>10017</u></p>	<p><b>14.a</b> Nature of payment</p> <div style="border: 1px solid black; padding: 10px; margin-top: 5px; font-family: cursive;">             CHRISTMAS LUNCH 12/17           </div>
<p><b>13.b.</b> Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p><b>14.b</b> Amount of payment. <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; vertical-align: middle; text-align: center;">\$84 -</span></p>

Name of Person Filing

Danny Doyle

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name

Trade Name if any

P.O. Box, Bldg. Room No. if any

Street

City

State

ZIP Code + 4

9 Business deals with

☐ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P.O. Box, Bldg. Room No., if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

12 b Amount

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13.a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name Iron Workers Local 90, 361 + 417 Health Fund

Trade Name, if any

P.O. Box, Bldg., Room No. if any

Street 451 Park Ave South

City New York

State New York

ZIP Code + 4 10016

14.a Nature of payment

HOTEL DEPOSIT EMPLOYEE BENEFIT  
CONFERENCE - HAWAII13.b. Is the Business an Employer ☒or Consultant ☐

?

14.b. Amount of payment

350